

FOR DIVISION USE ONLY

WITHDRAWAL

## NOTICE OF WITHDRAWAL FROM CONTRIBUTORY GROUP LIFE INSURANCE

To the Secretary of the Teachers' Pension and Annuity Fund      *(Please Print Clearly)*      Name \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_  
Membership No. \_\_\_\_\_

I, the undersigned member, hereby give notice of withdrawal from the Contributory portion of the Group Insurance Plan underwritten by THE PRUDENTIAL INSURANCE COMPANY OF AMERICA. I understand I can not withdraw during the first year (12 months) of membership. Such withdrawal to be effective at the end of the pay period ending on \_\_\_\_\_ (Date)  
I hereby request my employer \_\_\_\_\_

*(Name of Employing Agency)*

to discontinue payroll deductions for the insurance.

It is understood that by the execution of this Notice of Withdrawal, I forfeit my rights to coverage under the contributory portion of the Group Insurance Plan at any future time.

Date \_\_\_\_\_ Signature of Member \_\_\_\_\_

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I certify that the member has requested to withdraw from the contributory portion of the Group Life Insurance Plan on the date stated above.

School District \_\_\_\_\_ County of \_\_\_\_\_

District No. \_\_\_\_\_ Membership No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

*(Secretary of the Board of Education)*